

**United States District Court
for the
Northern District of West Virginia**

Report on Offender Under Supervision

Name of Offender: Carl Cedric Booth

Case Number: 3:17CR79-1

Name of Sentencing Judicial Officer: The Honorable Gina M. Groh, Chief U. S. District Judge

Date of Original Sentence: January 22, 2019

Date of Revocation Sentence: August 8, 2019

Original Offense: Possession With Intent to Distribute Heroin

Original Sentence: 12 months imprisonment followed by three years supervised release

Revocation Sentence: 4 months imprisonment followed by 32 months supervised release

Type of Supervision: Supervised Release

Date Supervision Commenced: August 20, 2019

NON-COMPLIANCE SUMMARY

The offender has not complied with the following condition(s) of supervision:

<u>Violation Number</u>	<u>Nature of Non-Compliance</u>
1	<u>Violation of Mandatory Condition No. 2: You must not unlawfully possess a controlled substance.</u>
2	<u>Violation of Mandatory Condition No. 3: You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the Court.</u>
3	<u>Violation of Standard Condition No. 4: You shall not unlawfully possess a controlled substance. You shall refrain from any unlawful use of a controlled substance. You shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the probation officer.</u>

On August 26, 2019, the defendant reported to the probation office as directed. During this meeting, a urinalysis was conducted and the initial testcup results indicated a positive specimen for buprenorphine (a/k/a suboxone). The specimen was sent to Alere and it was confirmed positive on August 31, 2019 for suboxone. *(Note: The defendant also tested positive this date on the handheld testcup for marijuana, however he admitted to using the substance while incarcerated at the Eastern Regional Jail, and therefore this admission is not reported as a violation).*

Additionally, on September 6, 2019 and again on September 13, 2019, the defendant reported to the office for mandatory weekly office visits. During each visit, the defendant verbally admitted using suboxone (without a prescription) during each week.

U. S. Probation Officer Action/Recommendation:

The term of supervision should be:

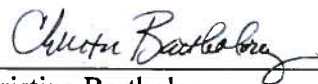
- ☒ **No action at this time.** The defendant has been compliant with weekly reporting instructions. He is also attending outpatient individual substance abuse counseling. During each office visit, discussions include focusing on obtaining a valid form of state identification, which in turn will provide greater opportunities for medication-assisted therapy and employment.

At this time, no further action is recommended while the probation office monitors the defendant's efforts to come into compliance with the court-ordered conditions. Any additional violations that are detected will promptly be reported to the Court.



Respectfully submitted,

By:

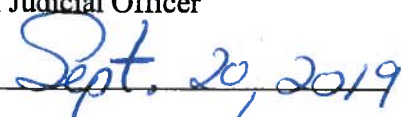

Christine Bartholomay
U. S. Probation Officer
Date: September 19, 2019

No response is necessary unless the Court directs that additional action be taken as follows:

- ☐ Submit a Request for Modifying the Condition or Term of Supervision
☐ Submit a Request for Warrant or Summons
☐ Other
☐ No Response
☒ Concur with U. S. Probation Officer's Recommendation


Signature of Judicial Officer

Date





Carl
Booth

Drug Test Report

450 Southlake Blvd
Richmond, VA 23236
(804) 378-9130
FAX: (804) 379-5919

WEST VIRGINIA NORTHERN PROB-MARTINSBURG
JOHN MILLER
217 W KING ST., RM 310
MARTINSBURG, WV 25401

Facility Phone: 304-267-0778

Fax: 000-000-0000

Account Number: 04240000P
Div. Office Number: 04240003P
National Lab Number: 121265950
Specimen ID Number: B03807501
Specimen Type: URINE

Collection Site Number: 04240003P

Collection Site Name: WEST VIRGINIA NORTHERN PROB-

Collection Site Address: MARTINSBURG, RM 310

Collection Site City, State Zip: MARTINSBURG, WV 25401

Collection Site Phone: 304-267-0778

Collection Site Fax: 000-000-0000

PACTS Number: 4136823

Onsite Test ID:

Case Officer Initials: CB

Collector Name

MCAULIFFE

Reason for Drug Test: Urine Surveillance

Date Collected: 08/26/19

Date Received: 08/28/19

Date Reported: 08/31/19

Panel Description: BUPRENORPHINE CONF CLIN 1098

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

<u>Description</u>	<u>Screening Level</u>	<u>Confirmation Level</u>	<u>Result</u>
BUPRENORPHINE		5 ng/ml	POSITIVE

MARLEE GLASSCOCK - CERTIFYING TECHNICIAN/SCIENTIST

MCAULIFFE

COLLECTOR NAME

SCANNED



Alere Toxicology Services, Inc.
1111 Newton St., Gretna, LA 70053
(504) 361-8989 (800) 433-3823

Chain of Custody for Drug Analysis Federal Probation Services



1594533/1430792

Results Name & Address

WEST VIRGINIA NORTHERN PROB-MA
217 W KING ST. RM 310
MARTINSBURG, WV 25401

304-267-0778

04240003P

Specimen Number: **B03807501**

Account Number: **04240003P**

Tests Ordered (Check all that apply)

☐ Primary Test Panel

☒ Confirmation Only (specify) **BUP**

☐ Individual Special Tests (specify) _____

SPECIMEN ID INFORMATION

Case Officer Initials

CB

Date Collected

08/26/19

Collector's Name

McAuliffe

☐ 01 Officer

☐ 02 Treatment Program

☐ 03 Other _____

Offender/Defendant Last Name

Booth

First Name

Carl

FACTS No.

4136823

Onsite/Test ID

Reason For Specimen

☐ 01 Presentence Report

☐ 02 Substance Abuse Treatment

☐ 03 Mental Health Treatment

☒ 04 Urine Surveillance

☐ 05 Pretrial Report

☐ 06 Other (specify) _____

MEDICAL QUESTIONNAIRE

Medicine(s) Name

N/A

Reason for Use

Date Used

Offender/Defendant Certification

I certify the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the specimen number of the form, the barcode, and the specimen security seal are identical.

Carl Booth **8-26-18**
Offender/Defendant Signature Date

Specimen Collector Certification

I certify I collected the specimen identified by the specimen number on this form in accordance with the required collection procedures. I certify I applied the numbered security seal and barcode to the specimen bottle in the offender/defendant's presence. I have verified that the specimen number on the form, the barcode, and the specimen seal are identical.

S. McAuliffe **8/26/19**
Collector's Signature Date

Specimen Transfer Certification

I certify I prepared for transfer to Testing Laboratory the specimen identified by the specimen number on this form and have verified the identity of the specimen with its collection chain of custody documentation. I certify I applied the numbered security seal and barcode to the specimen bottle. I have verified the specimen number on the form, the barcode, and specimen security seal are identical.

Transferer's Signature Date

Apply
Barcode
vertically
on bottle



Use second seal & barcode for
specimens screened on site.

B03807501 B03807501

COLLECTOR INSTRUCTIONS

- * COMPLETE - Specimen ID Information before collection
- * COLLECT - Specimen in accordance with Administrative Procedures
- * AFFIX - Security Seal and barcode to specimen bottle as illustrated above
- * ASK - Offender/Defendant to verify bottle was sealed in his/her presence
- * INITIAL - Initial security seal and enter date collected
- * ASK - Offender/Defendant to read, sign, and date Offender/Defendant Certification
- * SIGN - Specimen Collector Certification after sealing specimen bottle and applying security seal

PLY 1 TEAR OFF TOP COPY AND RETAIN FOR YOUR RECORDS

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